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RULE				

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\*\* CONTINUING DATA \*\*\*\*\*Y CMN\*\*\*\*\*

This appln claims benefit of 60/412,595 09/20/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*N\*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

24024

## TITLE

REMOTE DIAGNOSTICS DEVICE (RDU)

FILING FEE RECEIVED 1126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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